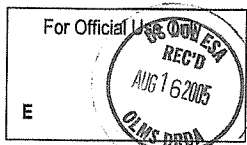


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8458	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name John T Fultz P.O. Box, Bldg., Room No., if any Street 1048 Ct. Rt. 20 City Oswego State New York ZIP Code + 4 13126	4. Name, file number, and address of labor organization. Name Boilermakers Local 175 Labor Organization File Number 000-074 P.O. Box, Building and Room Number, if any Street 28 West Bridge St. City Oswego State New York ZIP Code + 4 13126
5. Position in labor organization. Business Manager/International Rep.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Emcor Services Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2160 N. Ashland Avenue City Chicago State Illinois ZIP Code + 4 60614-3099	7.a. Nature of Interest, Transaction, or Income. Labor/Management/Owner meeting, golf outing to discuss utility industry needs 7.b. Amount. \$50

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On 8/8/2005 Date	(315) 343-3821 Telephone Number

Name of Person Filing John Fultz	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Northeast Area Apprentice Program"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="297 Burnside Avenue"/></p> <p>City <input type="text" value="East Hartford"/></p> <p>State <input type="text" value="Connecticut"/> ZIP Code + 4 <input type="text" value="06108"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="Provides Trade training for Boilermaker Apprentices"/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$2,594,604"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="Northeast Full Board Meeting and Apprentice Awards dinner"/></p> <p>12.b. Amount. <input type="text" value="\$68"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><input type="text"/></p>

Name of Person Filing John Fultz	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Northeast Area Apprentice Program"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="297 Burnside Avenue"/></p> <p>City <input type="text" value="East Hartford"/></p> <p>State <input type="text" value="Connecticut"/> ZIP Code + 4 <input type="text" value="06108"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div><input type="text" value="Provides training for Boilermaker Apprentices"/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$2,594,604"/></p> <p>12.a. Nature of interest held or income received.</p> <div><input type="text" value="Northeast Full Board meeting and Apprentice awards dinner"/></div> <p>12.b. Amount. <input type="text" value="\$45"/></p>

Name of Person Filing John Fultz	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Boilermaker Health and Welfare</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 754 Minnesota Ave.Suite 522</p> <p>City Kansas City</p> <p>State Kansas ZIP Code + 4 66101</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Trustee for Boilermaker Health and Welfare Trust</p> <p>11.b. Approximate dollar value of such dealing. \$201,000,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Attend Full Board meeting discuss changes to plan, cost and benefit changes.</p> <p>Reimbursement for travel expense</p> <p>12.b. Amount. \$1,003</p>

Name of Person Filing John Fultz	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Boilermaker Health and Welfare</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 754 Minnesota Ave. Suite 522</p> <p>City Kansas City</p> <p>State Kansas ZIP Code + 4 66101</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Trustee for Boilermaker Health and Welefare Trust</p> <p>11.b. Approximate dollar value of such dealing. \$201,000,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Attend Full Board meetings discuss Plan changes cost and Drug Benefits. Reimbursement for travel expense.</p> <p>12.b. Amount. \$893</p>

Name of Person Filing John Fultz

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Boilermaker Health and Welfare

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 754 Minnesota Ave Suite 522

City Kansas City

State Kansas

ZIP Code + 4 66101

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Trustee for Boilermaker Health and Welfare Trust

11.b. Approximate dollar value of such dealing.

\$201,000,000

12.a. Nature of interest held or income received.

Attend Full Board meetings discuss benifit changes and future costs

12.b. Amount.

\$1,131

Name of Person Filing John Fultz

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name FCI

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 442 West 47 Street

City Kansas City

State Missouri

ZIP Code + 4 64112

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Boilermaker Health and Welfare Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 754 Minnesota Ave. Suite 522

City Kansas City

State Kansas

ZIP Code + 4 66101

11.a. Nature of such dealing.

Trustee for Boilermaker Health and Welfare

11.b. Approximate dollar value of such dealing.

\$201,000,000

12.a. Nature of interest held or income received.

Attend FCI dinner with all Trustees

12.b. Amount.

\$75